



QUALITY DEFICIENCY NOTICE

1. From:	2. Date Written:	3. Control Number:	4. To:
5. Due Date:	6. Copy To:		
7. Deficiency:			
8. Originator:	9. Date Issued:	10. Branch Chief, Sign/Date:	
11. Cause of Deficiency (Contractor):			
12. Actionee Preventive/Correction Action (Contractor):			
13. Signature (Contractor):		14. Date (Contractor):	
15. Date Returned:	16. Reply Action	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Approved By: _____
17. Initials:			
18. Comments (If needed, use continuation sheet):			